

Contact Made: _____ In Person _____ Telephone & Form Mailed

COMMUNITY DECAY FORM

Flathead County Planning And Zoning Office

1035 First Ave. West

Kalispell, MT 59901

Phone: (406) 751-8200 Fax: (406) 751-8210

☐ Junk Vehicle ☐ Other

VIOLATOR/PROPERTY OWNERS NAME: _____

VIOLATOR/PROPERTY OWNERS ADDRESS: _____

LEGAL DESCRIPTION:

Assessor's Tract # _____ Quarter/Quarter _____ COS # _____

Lot/Tract/Block # _____ S _____ T _____ R _____

Subdivision Name _____

NATURE OF INQUIRY/VIOLATION: _____

*** ANY ADDITIONAL INFORMATION SHOULD BE INCLUDED ON A SEPARATE SHEET OF PAPER AND ATTACHED TO THIS FORM.**

*Be advised that by signing this form you may be asked to participate in any litigation by recalling the violations that were witnessed first hand. Your signature as a reporting source is necessary to pursue any legal action should it be necessary. Without your signature, the complaint will not be looked into any further.

REPORTING SOURCE NAME: _____

REPORTING SOURCE ADDRESS: _____

REPORTING SOURCE PHONE NUMBER: _____

REPORTING SOURCE SIGNATURE: _____